

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXII.

THURSDAY, FEBRUARY 2, 1860.

No. 1.

LEUCOCYTHÆMIA.

[Read before the Boston Society for Medical Improvement, November, 1858, and communicated for the Boston Medical and Surgical Journal.]

CASE I.\*—BY HENRY J. BIGELOW, M.D.

*"Leucocythæmia"; with Disease of the Cervical, Axillary, Inguinal, Iliac, Lumbar, and Mesenteric Glands; Enlargement of the Spleen, Liver, Kidneys and Renal Capsules, with whitish formations in the last three; Subsidence of the Cervical and Axillary Glands; Herpes; Death.*

LEUCOCYTHÆMIA is a term applied by Bennett to a condition of the blood described by himself (*Ed. Journal*, October, 1845), and a few weeks after by Virchow, characterized by an excess, sometimes considerable, of the white corpuscles. This condition is usually accompanied by disease of the absorbent glands, or of some of the viscera supposed to be concerned in the production of the elementary constituents of the blood. But it may be yet a question whether this excess of the white corpuscles is a cause, or an effect, of the visceral disease, or only a collateral circumstance. Virchow views it as a secondary lesion, dependent upon affections of the absorbent glands, or of the spleen; and late English writers adopt his division into the *absorbent* and the *splenic* variety of leucocythæmia, both of which are embraced in the present single case. Dr. Wilks, in *Guy's Hospital Report* (Vol. II., 1859), makes this division more fully as follows, and attempts to found upon the second variety a new disease. 1. "*Leucocythæmia Splenica*," characterized by an excess of white corpuscles and an enlarged spleen. 2. "*Anæmia lymphatica*," a name suggested by the extreme pallor, debility and prostration of patients affected with the enlarged absorbent glands; the writer apparently inferring from these symptoms a fact which might be difficult to establish in the field of a

\* This case, with the autopsy, was presented to the Society in November, 1858. Its publication has been delayed a year by accidental circumstances. The remarks have been added since.

microscope—that the white corpuscles are not more numerous, but only the red ones less so.

To the surgeon, this disease is interesting, as the frequent, though not constant, accompaniment of an enlargement of the absorbent glands, which occurs, as I have seen it, oftenest in the neck. About ten years ago, a gentleman of middle age and remarkably robust constitution, died, under my care, with great enlargement of the cervical, axillary, inguinal and lumbar glands, gradually increasing during about a year; the autopsy showing also a slight enlargement of the spleen. This was doubtless a case of the general character of that now reported, but which passed for one of encephaloid disease of the absorbent glands.

Near the same time, a man in fair health, of about 65 years of age, presented himself with a single ovoid gland at the front of the neck, sufficiently loose to justify the operation he desired. Excision was effected without difficulty, but the patient fell off and died a week after. A few slightly enlarged cervical glands were discovered behind the first, and the autopsy revealed, also, disease of the left lumbar glands. No visceral enlargement was noted in a brief examination for cancerous disease; but the large gland, of which I have preserved an admirable colored drawing, measures four by three inches, and presented, on section, the appearance hereafter described. Microscopically, it proved to consist almost wholly of uniform granulated corpuscles, resembling those of a healthy gland, and which were recorded as an exceptional appearance of encephaloid structure. A child two and a half years of age was brought to me with a chain of very large glands around the neck and in the axilla; also one below the clavicle, all wholly destitute of inflammation, and which were considered to be encephaloid—the child dying the next year, the masses having continued to enlarge without other change.

These cases, like others which might be cited, are doubtless examples of a lesion which is now considered to have nothing in common with encephaloid disease. The peculiar condition of the blood, now described, may indeed accompany a cancerous or a tubercular diathesis, with the development of either disease, even in the glands, but it is said to have no relation to them. The voluminous, elastic, and well-rounded outline of the glands, moulded one upon another, without adhesion, cannot easily be mistaken for the hard, beaded kernels of the scirrhus affection, nor for glands hardened by chronic inflammation, whose brown interior contains spots of whitish lymph or of cretaceous matter. They have still less resemblance to this scrofulous inflammation when tending to suppuration. But without inflammatory adhesion or change, they show, on section, a uniform reddish white, semi-translucent and tender tissue; of which the microscopic elements are uniform nuclei, very similar to those of the healthy absorbent gland; with the addition of abundant white corpuscles or cells, and granules.

At the same time it should be borne in mind that certain tissues are still regarded as cancerous, which are mainly composed of minute and uniform granulated cells, and which strongly simulate in their gross and microscopic appearances some of the products of the disease now under consideration.

In the following case, the gradual diminution of the cervical glands, during the persistent use of the hydriodate, adds to its interest, whether the decrease resulted from the remedy or not.

CASE.—The patient was a tall, well-formed man, aged 39. The obvious and striking feature of his case was an enlarged neck, of lobulated outline and elastic feel; the interval between the lower jaw and collar bone of either side being distended almost to a level with the cheek, while behind, the tumor overlaid a part of the trapezius muscle. This swelling plainly consisted of enlarged glands, varying in size from that of a flattened goose's egg downward, and impacted together, yet elastic and without induration; destitute of heat or the signs of acute inflammation.

Upon inquiry, similar masses were found to exist in the armpits and in the groins. In the left armpit, the largest gland was about three inches in diameter, and one lay behind on the scapula, the whole being pressed out when the arm fell. The right armpit contained a somewhat smaller mass, while the larger glands of the groin may have measured an inch and a half across. None of these tumors were attended with pain or tenderness.

The patient was at this time (June, 1858) easily fatigued, but otherwise his health was good, and he was in active business.

*History.*—Without especial hereditary tendency, and with previous good health, he had a bad cough through the spring of 1858, which excited the serious anxiety of his friends. In May he visited Sharon Spring, a sulphur water, where he was subjected to active daily catharsis during six weeks, his strength not improving, though he felt pretty well. Immediately on his return home in June, there was a simultaneous and painless enlargement of all the glands above described. He thought there had been, for a month or two before, a little fulness of the left side of the neck, yet of this he was not certain; but the sudden growth of all these masses was now unequivocal and striking.

He was directed to take the iodide of potassium, and in a few weeks reached the dose of fifteen grains, three times daily; applying, besides, the iodide of lead ointment abundantly at night to all the glands. This treatment was continued through the summer and autumn, alternating occasionally with the experimental application of the tincture of iodine to a part of these glands. During this time the cervical glands slowly and steadily decreased in size, becoming flabby, and the circumference of the neck decreasing from fifteen and a half to fourteen inches, until the end of August, from which time till the death of the patient, in November, they rapidly subsided. At the time of death, the glands on the neck were

quite flat, the largest measuring less than an inch in length, and the neck being of normal size.

Equally remarkable was the subsidence of the swelling in the left axilla, where a gland, previously enlarged to the size of a hen's egg, had now diminished to a third of that size, others being reduced to normal dimensions. But in the groins, the glands were still large as before, while the autopsy revealed large glandular tumors, existing in the abdomen.

During the summer, the patient became pale, and had, occasionally, epistaxis; but till October, no other symptoms of importance occurred, except a sudden and intense hemicrania in the early part of this month, which yielded in three or four days, after the administration of Fowler's solution.

In the latter part of October, a remarkable vesicular eruption appeared on both the lower limbs, occupying chiefly the thighs; the vesicles presenting an inflamed base, and attended with intense smarting and burning. The pulse was accelerated to 130 and upward, while the vesicles increased to large phlyctænæ, until by their coalescence the cuticle was detached; so that the front of the thighs and the abdomen offered continuous raw surfaces of inflamed granulations over most of their extent, apparently occupying the substance of the true skin, and adding greatly to the suffering of the patient. This circumstance prevented examination of the chest further than to ascertain the probable existence of pleuritic effusion, to which attention had been called by the dyspnœa which now supervened.

The patient was confined to the house only a fortnight before death, which occurred Nov. 11th, 1858, its immediate cause being fever of an irritative type, apparently induced by the spread of this remarkable herpetic eruption; although neither this nor the final pleurisy had any obvious connection with the disease of the glands and of the viscera, which the autopsy revealed.

*Autopsy*, by Dr. ELLIS. Head not examined.

The left pleural cavity contained, by estimate, nearly one pint of serum. The pleura of the lower lobe of the lung was covered with a thin, recent, reticulated, fibrinous layer. In the opposite pleural cavity, there was also a small amount of serum.

The greater part of the lower lobe of the left lung was compressed, but a portion, upwards of two inches in diameter, had a somewhat yellowish appearance, as in the third stage of pneumonia, but was limited in a remarkable manner by a sharply-defined line. A part of the lower lobe of the right was also firm, and of a dull-red color, as from compression. The remainder of the lungs was healthy.

The heart was generally hypertrophied, but without valvular disease or other lesion. The right side was filled by a large yellowish-white coagulum, which extended into the vessels in different directions. In the left ventricle, was a small amount of the same.

Many of the veins examined in the different parts of the trunk were filled with similar coagula. These all differed from the coagula usually seen, where a separation of the fibrin has taken place. They were less gelatinous, more opaque, and altogether peculiar, their exact appearance not being expressible in words. From the jugular or subclavian vein, however, there escaped a substance resembling thick pus.

The liver was very large, weighing, by estimate, about seven pounds. On some parts of the surface, were depressions or cicatrices, and portions had a somewhat lobulated appearance, but the latter was not well marked. The substance generally was of a brownish-red color, very much like that of the healthy organ, but the cut surface did not look perfectly healthy, although the change was indescribable. In the right lobe, scattered over a portion three or four inches in diameter, beneath the upper surface, was a peculiar whitish deposit, looking somewhat like firm encerehaloid; distributed, for the most part, in the form of points and lines, as an infiltration among the lobules, the largest portion not being more than two or three lines in diameter, but still continuous with the rest.

The spleen was ten inches long, six broad, and four thick. Its consistence was sufficiently normal.

In each kidney were a number of white bodies, about a line in diameter, and of the same color and general appearance as the deposit in the liver.

The left supra-renal capsule was quite large, and contained much of the same whitish substance described in connection with the liver. The right capsule was perhaps slightly affected in the same way.

The intestines were not opened, but, externally, appeared healthy.

The cervical glands were somewhat enlarged, but not sufficiently to produce any deformity of the neck.

Those of the abdomen, generally, the lumbar, the iliac, the mesenteric, &c., were very much enlarged, many of them being upwards of two inches in diameter. They were, for the most part, rather soft, friable, and of a mingled light and dark-red color. Some contained small ecchymoses. In one, in the left lumbar region, suppuration had taken place.

The other organs appeared sufficiently healthy.

*Microscopic Examination.*—The purulent-looking substance from the subclavian, and the yellowish-white coagula, were found to be composed almost entirely of small granular corpuscles from 0.004 mm to 0.005 mm in diameter, corresponding with the "globulins" as described by Robin in the *Memoirs of the Biological Society of Paris*. The globules in the liquid blood from the subclavian were mostly red.

A few larger cells were seen, resembling the ordinary white

corpuscles of the blood. Acetic acid caused, perhaps, some contraction of the smaller corpuscles, and showed them to be identical with the nuclei of the larger.

The enlarged glands, the spleen, the white substance in the liver, and that in the left supra-renal capsule, contained an abundance of small corpuscles, similar to those found in the blood. In the spleen, they were gathered together in groups, while the red discs floated single through the field.

This case is one of great interest, being, as it were, almost an epitome of the facts which have been slowly gathered from isolated sources, since the attention of the profession was first called to the disease by Virchow and Bennett.

We have here combined the two great varieties—splenic and lymphatic—but not that precise condition of the blood which we should expect, were the views of Virchow correct. Two kinds of white corpuscles have been described—one large, like the ordinary white corpuscles of the blood; the other small, to which Robin has given the name of "globulins." An excess of the former, Virchow declares belongs to the splenic variety, that of the latter, to the lymphatic. In one case, the enlargement of the spleen and glands was equally well marked; yet the globulins were almost the only white corpuscles seen. Robin reports a case in which the spleen only was affected, and yet the same small corpuscles predominated very much over the others. He also speaks of the resemblance between the small globules and the nuclei of the large, after the addition of acetic acid.

New formations like those found in the liver and supra-renal capsule, although exceedingly rare, have been noticed. In Virchow's *Archiv. für Pathologische Anatomie* (Vol. XII., p. 38) there is reported a case in which white deposits were found in the pleura, stomach, intestines and liver. These presented the same appearances as the enlarged glands, and, examined microscopically, proved to contain the same nuclei.

Virchow (*Gesammelte Abhandlungen*, p. 207) mentions two cases of the kind, in one of which the liver contained minute whitish deposits composed of nuclei like those of the lymphatic glands. In the other, the liver and kidneys were the seat of growths, in which were corpuscles resembling those found in the blood of the heart.

This new formation he regards as similar to that which occurs in the lymphatic glands, not owing to mere infiltration with blood, but to a substitution of lymphatic elements.

But by far the most important feature in the case is the subsidence of the lymphatic glands. So far as has been ascertained, nothing of the kind has been anywhere recorded.

The connection between the condition of the blood and that of the internal organs is established. The question of their relation to each other will naturally arise. Virchow considers that the

change in the blood is consecutive, but it must not be supposed that it necessarily follows the enlargement of the spleen or other organs, for such is not the case. Neither does an increase in the number of the white corpuscles always indicate the existence of leucocythæmia. There may be an excess of them after great losses of blood, in chronic exhausting diseases, or in those which are very acute, especially in pneumonia.

[To be continued.]

---

RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE,  
AND UPON THE TUBO-OVARIAN MUSCULAR APPARATUS, IN  
THEIR RELATIONS TO OVULATION AND MENSTRUATION.

BY DR. CHARLES ROUGET, ADJUNCT PROFESSOR IN THE FACULTY OF  
MEDICINE AT PARIS.

[Translated for the Bos. Med. and Surg. Journal, by WM. LEEB, M.D.—Continued from p. 374, Vol. LXI.]

THE utero-ovarian artery does not distribute itself equally in all parts of that organ; whilst throughout the whole extent of the neck of the uterus, the branches which pass off are few and scarcely convoluted at all, when we come to the body, in the vicinity of the insertion of the Fallopian tubes, it suddenly divides into twelve or eighteen arterial tufts quirked into spirals, most frequently preserving a well-marked regularity, but so numerous and so crowded upon each other, that in some preparations they completely cover the lateral angles of the fundus of the uterus. This mode of distribution is evidently a repetition of that which presents the arteries of the organs of copulation transformed, at the bulb and root of the corpora cavernosa, into true vascular clusters. The analogy does not cease there; if, in a preparation of which the arteries alone are injected, we open the large uterine sinuses, we there see the curling arteries pushing back (*repoussant*) the walls, and their convolutions projecting into the venous cavity, as do the helicine arteries into the arcolar spaces of the corpora cavernosa. Along the inferior border of the ovary, the utero-ovarian trunk again sends off a series of ten or twelve branches, all of which, in succession, one after the other, start from the superior border of the artery, and almost immediately after their origin divide, curl up and entangle themselves together in exactly the same way as the arterial knots at the root of the corpora cavernosa, and penetrate at last into the parenchyma of the ovary, where they again form spirals.

As to the venous system of the uterus, these channels are so numerous, so large, and anastomose so frequently, that even without any injection, a section of some uteruses resembles a true sieve. If, after a full injection of the arteries and veins, we suffer the preparation to dry, the body of the uterus maintains, almost without alteration, the form and dimensions which it presented

while in a fresh state, and the surface of incisions show nothing but vessels crowded upon each other, and separated by delicate partitions of muscular tissue only; but the mode of preparation which gives the best idea of the proportions of this vascular mass of the uterus, is that which consists in filling the arteries and veins with a mixture of Spanish resin, wax and Venice turpentine, and afterwards destroying the substance of that organ by maceration in concentrated nitric acid for the space of nearly a month. This mode of preparation, although very difficult, has succeeded well with me, particularly in women confined a month or two previously, or dying at a menstrual period, conditions of which I was able to avail myself during the last epidemic of cholera. The injection should be made, in preference, by the ovarian veins, in a very hot bath. By this procedure we obtain the aggregate of the venous plexuses, already recognized in the ovary, and those enormous venous masses, which, running along the lateral portions of the vagina and uterus, establish a free communication between the erectile organs and the generative system properly so called.

This vast plexus—which has for its channels of discharge at its inferior origin, the veins of the pudenda, in the middle, the uterine veins, and at its termination, the ovarian veins—this plexus presents two principal enlargements; the first, located behind the arch of the pubis, which separates the bulbs of the vestibule; seated upon the lateral portions, it is often prolonged between the rectum and vagina, surrounding the anterior part of this passage, at a depth of two or three centimetres (about an inch), by a ring sometimes complete: the other enlargement, much more voluminous still, covers a large space behind, and especially the extra vaginal portion of the neck of the uterus, upon which it moulds itself in some way or other.

When empty and collapsed, these venous masses can give no idea of the form they present when distended by a full injection. But what I especially wish to call attention to, and which the preparations by corrosion show most plainly, is the existence, throughout the whole extent of the body of the uterus, and upon the ovary at its umbilicus, of true erectile systems entirely distinct from the venous plexuses which I have just pointed out, and with respect to which they have the same relation as the erectile tissue of the penis to the venous plexuses of the pelvis. Freed from the muscular bands which cover it up, the erectile substance of the uterus exhibits, like an internal model, the exact form of the fundus and body of that organ; but it terminates abruptly on a level with the superior orifice of the cervix, from which place the cervico-uterine venous masses appear to continue beyond. Independently of the uterine sinuses, which in a manner form its basis, the erectile mass of the uterus is made up of venous channels, convoluted, interlaced, often forming regular spirals like the arteries themselves, and bearing a strong analogy to the well-defined plexuses of the glans

and corpus spongiosum. In some instances, we especially observe large, contiguous, and frequently anastomosing sinuses; in that case, the general aspect more resembles that of the corpora cavernosa.

The arterial tufts, convoluted into spirals to the farthest extent of their ramifications, are so numerous and so crowded, just at the angles of the uterus, that they make up by far the greatest portion of the vascular mass. These ultimate ramifications of the uterine arteries do not communicate with the sinuses of the retiform plexus, except by very small intermediate vessels which (0mm, 1 to 3) a venous injection fills.

It is hardly necessary to mention that the corpus spongiosum of the uterus communicates freely with the large plexuses which run along the lateral borders of that organ, and are continuous inferiorly with the vaginal, and superiorly with the sub-ovarian plexus. Upon the latter plexus, from which it may be clearly distinguished, rests a *well-marked network* of veins, the constituents of which are not, on an average, more than 0mm, 5 to 1mm in diameter; located exactly at the inferior border of the ovary, it forms a true corpus spongiosum, a vascular erectile formation, the helicine arteries of which I have already shown in the convoluted tufts of the ovarian artery, and whose muscular trabecules I will now point out. The corpus spongiosum of the ovary is elongated and flattened, its length equal to and even exceeding that of the ovary; its thickness, when it is isolated by corrosion, is little less than one centimetre, and its height a little more; its volume is almost equal to that of the bulbs of the vestibule, generally less, however; in one of my preparations by corrosion, this erectile body, formed of innumerable tortuous veins, similar to those of the bulbs, has almost twice the length of the ovary, and is certainly greater in volume than the bulbs of the vestibule. The erectile formations of the internal organs of generation, like those of the organs of copulation, are developed gradually up to the period of puberty; but they exist, perfectly recognizable, at the time of birth; it is very easy to observe them in female foetuses who have been stillborn, and in whom the whole venous system of the pelvis is gorged with blood. The bulbs of the ovary are then represented by vessels very numerous, frequently ramifying and anastomosing, but very minute and very little convoluted. As to the corpus spongiosum of the uterus, in one of my preparations deposited at the Museum of the Faculty, and which came from a little girl about 10 years old, we can see it covering the whole body of the uterus by a venous layer of very fine network, and terminated very distinctly at the union of the neck with the body of the uterus.

[To be continued.]

## THE EFFECT OF CLIMATE UPON TUBERCULAR DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

THIS question has been so much discussed, that many at the present time are in great doubt about the conclusions adopted by those who have most thoroughly investigated the subject. On this account, it seems desirable to give a concise summary of a review of several works, in the *Archives Générales* for August, 1859, by P. Garnier.

That tubercular disease of the lungs is one from which many recover, is clearly proved by the results of autopsies. But there is still much doubt concerning the best means for promoting recovery. Medicament after medicament has been tried, has been held in high favor for a time, and has gradually lost its reputation. But among the general curative means which have been resorted to, a change of climate holds the first place. Unfortunately, the study of climatology has not, generally, been prosecuted with that scientific accuracy which its importance demands. Some specific climate has been sought, suitable for all phthisical persons, without regard to the great difference in cases. An effort should be made to place the sick in an atmosphere which bears some relation to their strength and constitution, the period of the disease, and the exciting cause.

The effect of climate is noticed particularly upon the cutaneous transpiration. M. Edwards found it, in a healthy man, five or six times more abundant in a moderately dry air than in one saturated with moisture. On the contrary, it is reduced to a minimum under the opposite circumstances, as in deep and sheltered valleys. Dr. Fourcault, mindful of the close relation existing between this function and that of the lungs, has shown the influence of its variations upon chronic diseases, particularly phthisis. The latter is frequent in low, cold, moist places, and relatively rare in dry, elevated ones. It is most rare among those who lead active lives in the open air. This is shown by statistics prepared in London, Paris, Geneva, Vienna and Hamburg.

The fact that the inhabitants of certain countries are liable to phthisis should not lead us to suppose that the climate would be prejudicial to those from colder regions, for it is generally the case that a climate warmer than that in which the patient lives is most beneficial, as the power of generating heat is less than in healthy individuals. In the French Antilles, where phthisis is very common among the native inhabitants, it is hardly known among Europeans. The same is true with regard to Senegal, Rio de Janeiro and Egypt. Still, it does not follow that cold climates are always hurtful, but on the whole a certain amount of heat is best. But it must be remembered that there is a difference in cold climates with regard to moisture. A dry, cold climate agrees with some phthisical persons, particularly those who are in the habit of exercising in the open air.

In commencing phthisis, while the strength is good, and the disease is making but slow progress, and the pulse is not accelerated, the best climate is one which is mild, dry, and stimulating, where the air is moderately agitated, without too great or constant variations. Such is that of Upper Egypt, of the southeast coast of Spain, of Nice and Naples.

For lymphatic subjects, in whom the circulation is slow, simply warm and dry places are preferable. Mountainous regions are equally beneficial, when the excitement produced by them is not of too long duration.

Patients who are excitable, nervous, disposed to hæmoptysis and inflammation, and in whom the circulation and respiration are accelerated, above all those who have reached the second or third stage, are best in a warm, uniform, calm, and slightly moist climate, like that of Madeira, Pisa, Pau, Rome, Nice, Malta, or the Isle of Wight. The climate of Pau and Rome has such a sedative action that depression is caused in healthy persons as well as in the phthisical. Many of the latter who are benefited by remaining a few weeks in Rome, see their health fail and their symptoms increase if they reside there five or six months. Hence a change is often desirable.

An extremely cold temperature, when uniform, appears in certain places to prevent phthisis. Thus, according to Professor Martins, this disease is infinitely more rare in Norway under the 70th parallel of latitude, than at Stockholm under the 59th parallel. In Finmark, he had not seen a single case. In America, it is almost unknown in the northern parts of Canada. In the United States Army, the minimum of deaths from phthisis is in the northern part. In the French Army, the maximum is noticed among the soldiers in the south.

The same exemption is seen upon the elevated plateaus of the Andes, and quite a number of observers state that the disease diminishes very rapidly in proportion as the altitude of places increases.

The influence of equatorial regions upon phthisis is to render its progress much more rapid and more acute than elsewhere.

Taking into consideration the advantages of different places, it is conceded that Madeira holds the first rank.

\*\*\*

---

EXPERIMENTS upon the new method of hypnotism have been made upon a very large scale in nearly all the hospitals of Paris, and it is likely to end in the flattest evaporation, as we predicted.

DR. FILHOT considers the carbonization of organic matter, and its subsequent treatment by nitric acid, an excellent method for the detection of arsenic. He says that Orfila had repeatedly approved of it.—*London Lancet*.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

SEPT. 26th.—*Aneurism of the Aorta.* Dr. AYER presented the specimen, which was taken from a patient who had been under the care of Dr. MICHILL.

The patient was a seaman, aged about 40 years, of intemperate habits, and had had repeated attacks of delirium tremens. He complained of severe pains across the chest, amounting frequently to violent paroxysms; deglutition very difficult, together with anorexia. The chest was not examined by physical signs. The pulse was natural—80 per minute, and no intermission. The breast was full—but no tumor was detected. The patient was under treatment about a month, and remedies had but little effect in the case, except morphia, to allay the pain and paroxysms. The diet consisted of liquids, taken very sparingly towards the last. A large anodyne plaster was worn over the thorax.

*Autopsy*, 24 hours post-mortem. Body much emaciated; rigor mortis well marked. Two quarts of blood, partially coagulated, in pleural cavity. Heart natural in size and appearance. Above the left ventricle a large aneurismal tumor was found, embracing the lower portion of the arch of the aorta, of the size of the two fists. This tumor presented an opening at its lower portion. Its dimensions were about three inches in diameter and four inches in length. Within its cavity a considerable quantity of lymph was noticed, both adherent to its walls and floating about.

Both lungs were collapsed. The appearances otherwise were natural.

SEPT. 26th.—*Hæmoptysis and Tubercular Deposits.* Dr. COALE was called on April 27th, to J. B., aged 28, five feet nine inches in height, well built. His chest measured forty inches around, under the arms, and was deep from back to front. The whole muscular system was highly developed, and it was found afterwards that he had the reputation of being the strongest and most active man of his set. While working as a farm laborer, without any previous indisposition, he was taken, on the 25th of April, with violent hæmoptysis. Forty-eight hours afterwards he was pale and very feeble, occasionally troubled by cough, which raised sputa colored with blood, mostly stale. Four days afterwards, as soon as percussion was considered practicable, an examination was made, eliciting no positive signs. The chest did not seem so resonant as one of his size and make should be, but there was no particular or localized dulness. Auscultation gave squeaking sounds behind the third rib on the left side, and a little higher on the right. The respiration elsewhere was rude, and mucous râles existed lower down. The treatment used consisted in the application of mild but extensive revulsives. Cloths dipped in mustard water, and Croton oil, to the chest; internally, simple demulcents, and opium at night. For diet, he had as nourishing food as he could bear, and cod-liver oil. The hæmoptysis recurred about the middle of May, coming on suddenly, without warning, very profuse, and exhausting him very much. From the exhaustion he rallied in a week, and seemed better, so as to be able to walk out, and not require any medical attendance from the 2d to the 19th of June. He then had another very alarming hæmop-

tysis, but rallied again by the 1st of July, and required no attention until the 19th, when the same symptom recurred. In the interval he had been walking out and enjoying himself—feeling well, having a good appetite, and being but little troubled by cough. After the 19th he never rose from his bed, but had some three distinct attacks of hæmorrhage, besides occasional light ones. In one of these attacks, in the course of fifteen minutes an ample wash-basin was more than half filled with blood and sputa. Under these attacks he sank, and died, July 31st.

A *post-mortem* examination exhibited the lower lobes of the lungs studded with miliary tubercles, in which softening had commenced in only one or two places. The amount of this tubercular matter was enormous—impacting the lungs in some places. The upper lobes, contrary to all rule on this subject, were completely free from tubercles. The hæmoptysis may be explained as a spontaneous relief to the vessels surcharged with blood, and obstructed from returning it by these tubercular deposits. The other organs were healthy.

Nov. 28th.—“*Black Tongue.*” Dr. READ reported the following case. A young man, aged 24, is affected about once in three weeks with a pricking pain, deep in the throat, about the region of the larynx, which mounts upward, his voice becoming hoarse, and the tongue dry and of a dark-brown color, as if he had been eating extract of liquorice. The color is darkest about the middle, and lighter at the tip and base, although, as far down as it can be exposed by the spatula, there is a decided discoloration, with but little or no inflammation. Accompanying this there is well-marked intermittent fever. The patient is worse by night, feeling very weak, and inclined, for a while, to sweat profusely, after which he becomes hot, thirsty and feverish. During these attacks he is very pale, has little or no appetite, and has a constant taste of camphene in his mouth. The extremities are at times numb, and the hands swell. During his illness last year, he took cold, and in consequence was very sick. If he can avoid this, he gives himself no uneasiness about the attack, but continues to work at his calling, that of a type-compositor, and lets the disease wear itself out. Occasionally he has a dark areola under both eyes, lasting an hour or two, and entirely disappearing; this was the case on the day previous to Dr. R.’s seeing him. There is no soreness of the tongue during the attacks. The patient has lost all taste for smoking or drinking, of the former of which, he was usually very fond.

The patient has had the disease since the age of five years. It always comes on at the same time in the year—from the middle of November to December. When it first attacked him, he was sick three months with it; of late years, it runs its course in about three weeks. An older brother and sister died of the same disease. The brother was sick eight days; after death, the tongue was very black and dry, and so swelled that it protruded from the mouth, and could not be replaced. The disease in this case was worse by day; during the night the fever and pain passed away, so that he was able to go out until within twenty-four hours of his death. Both before and after death, the odor of camphene was very perceptible in the body. No details of the case of the sister could be obtained. The patient’s mother is living and healthy. His father died some years ago—disease not remembered.

Nov. 14th.—*Colloid Cancer in the neighborhood of the Cæcum; Ex-*

*tensive perforating Ulcer of the Stomach; Old Peritonitis.* The specimens were shown by Dr. C. D. HOMANS, who also read a report of the case, and of the autopsy, sent to him by Dr. T. E. FRANCIS, of Brookline.

The patient was a man, 40 years of age, who for several years had been subject to constipation and nausea; the latter had never been very severe, and was generally relieved by vomiting the food which happened to be in the stomach. He had also at times pain in the abdomen, most marked over the sigmoid flexure.

Early in the morning of Oct. 27th, he was suddenly attacked with severe pain in the left iliac region, which soon spread over the whole abdomen; he said he had had some pain for several days previously, but not enough to keep him from his work. Emetics were given in the morning, and also several injections, but without producing any effect. Afterwards opiates were given, and a tube, twenty-eight inches long, was passed up the large intestine, to its whole extent, without at all alleviating the pain, which continued very severe till 6, P.M., when temporary relief was obtained by the inhalation of sulphuric ether. At seven o'clock in the evening, he passed into a state of collapse, which continued till his death the next day, at 8, P.M., about thirty-six hours after the first severe symptoms. During the last day, the abdomen was much distended and dull on percussion in its lower third.

The autopsy was made about fourteen hours after death, by Drs. T. E. Francis and E. A. Wild. The abdomen was very much distended and tympanitic. Emphysema existed all over the right side. An exploring needle was thrust through the walls, and allowed the exit of a great quantity of gas. The body was quite emaciated.

The abdomen contained a large quantity of fluid which had escaped through an opening in the stomach. The peritoneum covering the abdominal walls was gangrenous, with a strong odor of decomposition. Firm old adhesions existed between the omentum, the intestines and the abdominal walls, but there were no traces of recent acute inflammation, save a few drops of pus upon the surface of the liver. This organ was of average size, pale, and easily broken down by the fingers; its left lobe was adherent to the stomach. The stomach was opened by an incision along its larger curvature. Upon its anterior wall, towards the right extremity, the tissues were very much thickened over a surface two and a half inches in diameter, which was the seat of the adhesion to the liver; in the centre of this portion was an opening half an inch in diameter, with bevelled edges, evidently of long standing, which extended entirely through the parietes of the organ. At the lower edge of this perforation the adhesion to the liver had given way, and had allowed the contents of the stomach to escape into the abdominal cavity. Upon the internal surface of the stomach, along the line of its attachment to the pancreas, was the cicatrix of an old and large ulcer. The mucous membrane otherwise was normal. The pancreas was small and hard, and adherent to the stomach.

The small intestines were much distended with gas, while the large contained but little, owing to a constriction of the colon by the appendix cæci, which passed over it, while its usually free extremity was firmly attached to the peritoneum. The tissues near the cæcum were much thickened and hard, the result probably of old inflamma-

tion which had strongly united it to the walls of the abdomen. Upon the external surface of the cæcum were four cysts, each larger than an olive, filled with a yellowish, gelatiniform mass, resembling colloid. The interior of the intestinal canal presented nothing abnormal.

The spleen was large and engorged with blood. The other organs were healthy.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON: THURSDAY, FEBRUARY 2, 1860.

---

It will be seen with regret, by the leading editorial in the last number of the *JOURNAL*, as well as by a glance at the title-page of the present issue, that its able and efficient editors have resigned the place they have so honorably and acceptably filled for five years past, and that, with the commencement of a new volume, the superintendence of the editorial department passes into other hands. Much as the medical community have reason to regret a step which involves the loss of services so long and faithfully rendered, it is gratifying to know that this has been occasioned by the increasing duties of more active professional life. We congratulate our predecessors upon their release from the cares and distractions which we already begin to feel must at times have been peculiarly irksome and wearing, and upon their return to the more quiet and lucrative, but not less honorable paths of practical medicine. They carry with them the best wishes of the profession for their prosperity and success.

It is hardly necessary for us, upon whom the editorial mantle has thus unexpectedly fallen, to assure our readers that in consenting to take upon ourselves so important a charge, we are by no means unmindful of the responsibility and labor it involves; and that we have assumed its duties with no small degree of hesitation and distrust. Yielding to urgent solicitation, in accepting a position from whose trials and troubles we would most willingly have remained exempt, nothing is left for us but to express the hope that our compliance will not prove a source of disappointment to those who have shown us so flattering a mark of their confidence.

In entering upon the task thus imposed upon us, we take occasion, in the outset, to notify our brethren of the profession, and particularly those who feel interested in the welfare and continued success of the *JOURNAL*, that they have a part to perform in this work, and that much necessarily depends upon their hearty coöperation and aid. The importance of such aid, and the slowness with which it has too often been rendered, are alluded to in the closing remarks of the late editors, whose labors would have been much lightened had the profession done its duty in this respect. Not only do these become far less burdensome where such assistance is liberally furnished, but, what is of more importance, as has been well said, "the profession at large, as well as those who cater to its wants, in this way reap an advantage, in the fuller presentation of those medical and surgical reports which are worthy of mention and preservation."

It is feared that pecuniary considerations, or the more attractive and sometimes pretending mien of the larger periodicals, too often decide the destination of valuable papers, which might otherwise find their way into the pages of the JOURNAL. Would not higher considerations suggest to all interested in the advancement of medical science, the propriety and expediency of allowing the only medical journal in New England a share at least of the results of their observation and experience, in original communications and carefully reported cases, and thus doing their part in giving it a rank and excellence correspondent with the medical advantages of Boston, and the character of the profession throughout this portion of the country? The subscribers may be assured that so far as lies in our power, no pains will be spared to render the JOURNAL in every way worthy its objects and position, and we would again express the hope that we shall not be left without a reasonable share of professional aid.

With regard to any proposed changes in the management or arrangement of the JOURNAL, desirable as they may appear, we have nothing, for the present, to suggest. Should circumstances call for any material modifications in these respects, we shall not hesitate to adopt such as, after careful consideration, may seem advisable. Our more immediate duties, however, will confine us pretty closely to the footsteps of our predecessors, and if we succeed in maintaining the character of the JOURNAL, earned by years of faithful editorial labor, we shall feel that we have not worked in vain.

In conclusion, we would merely add that we feel justified in claiming that some degree of consideration be accorded us by those before whom we now appear in a new and untried capacity.

---

THE following Report of the Committee appointed to examine the Medical College, is well worthy of the attention of those who are interested in the progress of medical education. It shows that very important steps have been taken in the right direction; that students are now taught, more than formerly, to be workers and thinkers, or, to state the case more strongly, to fit *themselves* for those responsible duties which they will be called upon to perform.

Boston, Dec. 28th, 1859.

To the President and Overseers of Harvard University.

GENTLEMEN,—The undersigned, in behalf of the Committee appointed to make the annual visitation of the Medical School of Harvard University, has the honor to report:—That the visit was made on the day appointed, December 28th, at eleven o'clock; present of the Committee, Drs. J. Mason Warren, John Homans, W. J. Dale, and C. H. Allen. The Committee, attended by four of the Professors, visited the several departments of the College, and were much gratified at the excellent order in which they were found, and the great improvement that had taken place in several of them during the past year. They would particularly call attention to the following.

Under the care of the distinguished Professor of Pathological Anatomy the Warren Museum has been enlarged, by the addition of one hundred and sixty-nine specimens. By the excellent manner in which the specimens are arranged for practical purposes, as well as by the skill and ingenuity of their display, this museum is being made one of the most valuable for instruction in this country—and the im-

portance of the Pathological specimens, so far as they go, is not equalled by any abroad.

The Committee beg also particularly to call the attention of the Overseers to the very great improvement in the Chemical Department during the last year, and generally during the past five or six years. Instead of the perfect chaos which formerly existed, the apparatus is now systematically arranged in appropriate cases, with the most scrupulous neatness, and in such a manner as to be readily resorted to. Too much praise cannot be given to the present Professor for the great labor and untiring industry which he has bestowed to effect this object. An improvement also of very great importance, and the want of which has been long felt, in the Chemical Department, is the addition of a Laboratory under the present chemical rooms, for the instruction of students by practical experiment, the value of which can scarcely be appreciated but by those whose early education in this branch has been derived from books and lectures. The very important stand which Chemistry is now taking in philosophical medicine, will make this addition at the present time of extreme value.

Besides the above improvement in the College, a very neat set of cases has been placed in the ante-room, belonging to the lecture-room of Theory and Practice of Medicine, containing specimens arranged with the utmost care for the use of the Professor of *Materia Medica*, and another case for those belonging to the Professor of Obstetrics and Diseases of Women. Shelves have also been added for the purpose of containing a Consulting Library for the Professors, and the attention of the President and Overseers is particularly called to the necessity of the formation of such a collection of books, in addition to the Library of the College intended for students.

At the present time, when the subject of medical education is attracting so much attention throughout the country, it seems appropriate to take some notice of the efforts made by the Professors to promote the efficiency of the Medical School of Harvard University, and to sustain the reputation which it has always had among the other medical schools of this country—efforts which have resulted in an increased number of students; last year being one hundred and forty, this year one hundred and ninety. Among the means of effecting this, in addition to the usual winter term of lectures of four months, a spring and summer term of instruction has been added, of six months, so that the student who desires to avail himself of it, may keep up his medical studies at the University by lectures, examinations and dissections, for ten out of twelve months in the year.

The connection of the Medical School with the Massachusetts General Hospital, through the enlightened liberality of its Trustees, affords an opportunity for Clinical Instruction, we may safely say, unrivalled in any part of the world. The Clinical Professor, whose long experience and reputation in the investigation of Diseases of the Chest and for Practical Auscultation are so well known, together with the Professor of Theory and Practice of Medicine, who, in addition to his other duties, now makes a visit with the students at the Hospital three times in the week—conduct the student to the bedside of the patient, and there make him learn for himself the distinguishing features of disease. He also has the opportunity of obtaining information, through the influence of the Professors of Dispensary practice generally, of the diseases of the Eye and Ear, at the Infirmary, and

occasionally of Obstetric practice. A clinical conference of some of the Professors with the students, to which two hours are devoted every Friday afternoon, and in which specimens are shown and cases discussed, has been found to be of great value.

Under the present liberal-minded laws of Massachusetts in regard to Anatomy, and under the direction of the accomplished Professor and Demonstrator of Anatomy, the opportunities for dissection are now on a footing with those of any other college in the United States.

The advantages for the study of Surgery at the Hospital may also be considered as not exceeded by those of any similar institution; and one of your Committee, who has had a number of years' experience in attending the larger hospitals of Europe, can safely say, that for variety, number and surgical importance, the operations performed at the Massachusetts General Hospital are greater than at any of the Hospitals abroad. The reason of this may fairly be attributed to the situation of the Hospital in the middle of New England, and to its being the resort of uncommon and perplexing cases from all that region, and very frequently from Canada and the British Provinces. This is owing partly to the great reputation which the Hospital has always maintained, and also to the fact that in other cities the cases are distributed through a number of public institutions.

In conclusion, the attention of the President and Overseers is respectfully called to the remarks of Dr. Bowditch in regard to the present situation of the Medical College, and the possible propriety of an appeal to the public for funds for the improvement of the approach to it, and clearing away the unsightly buildings in its neighborhood.

Accompanying this report are enclosed the Reports of the several Professors attached to the Medical School. All of which is respectfully submitted.

J. MASON WARREN,

*For the Committee.*

In connection with the above report, we take the liberty of introducing some excellent remarks from the *Dublin Quarterly Journal* for November, 1859.

"It is obvious," says the writer, "from recent events, that those who have control of the education of medical students are beginning to find that the system of enforcing attendances on lectures has been carried too far. Some of the licensing bodies have accordingly reduced the number of lectures that they require candidates for diplomas to attend. We believe this to be a move in the right direction; we only fear that the many opposing influences such a reform must encounter will prevent its being carried to the extent that the altered circumstances of the present age seem to us to require, and we are anxious to direct the attention of our readers to the subject, that an enlightened opinion may assist and regulate the movement."

"Teaching may be of two kinds; following Dr. Whewell, who has well discussed this subject in his 'Principles of English University Education,' we may call these 'speculative' and 'practical.' Each of these methods has its peculiar advantage: in the speculative the lecturer expounds to his audience the doctrines or results of some branch of knowledge, the speculations of antecedent philosophers or his own, while the office of the audience is but to attend to him—to listen, to receive, think on, and treasure up what the speaker delivers—without being called on to take any active part, without being required to produce, to test, or to apply the knowledge thus acquired. In the other mode of teaching, the learner has not merely to listen, but to do something himself—not merely to receive, but to produce his knowledge—in fact, in this system the pupil is required to study and prepare a certain previously assigned subject, and to produce his knowledge,

that any errors or misapprehensions he may have fallen into may be corrected, and that his application and progress may be tested.

"It is evident that, for the acquisition of elementary knowledge, the practical system presents great and peculiar advantages over the speculative; while, on the other hand, the speculative is best fitted for teaching the advanced student to reason, and duly weigh and estimate the value and relationship of the facts he has acquired by the other system. Now an objection to the system of teaching by lectures is, that it partakes too exclusively of the nature of the speculative teaching and not sufficiently of the practical. To this, we believe, it is mainly to be attributed that students do not attend to the courses of lectures that are prescribed for them, and that they shun the lecture theatre to attend the class-room of the private teacher—the result being that, while both modes of teaching have their peculiar advantages, neither is fully developed. For this result our licensing bodies are chiefly to blame, for if, instead of enforcing attendance on certain courses of lectures, they would make their examinations more searching, and test the acquirements of their pupils at short and frequent intervals, allowing them to obtain their information where and how they pleased, each mode of teaching would develop its own merits; and, instead of being opposed to one another, as is too much the case at present, would coöperate in obtaining for the student a greatly improved education.

"No doubt, under such a free system, much of the lecturing of the present day would have to be given up; but this, we cannot conceal from ourselves, would be but a small loss, for we feel convinced that, however well suited the lecture-room may have been formerly for conveying instruction, it has, like many other time-honored institutions, been superseded by the printing press. Now, when books are so cheap, and diagrams and illustrations are so well executed, lecturing is little wanted, the permanency of a printed book, and the facilities it presents for re-perusal and reference, giving it advantages that the lecturer cannot compete with.

"At the same time, for many of the higher branches of knowledge, and for subjects requiring demonstrations, the efficient lecturer must be always sure of an audience. There is an influence in the living voice, and an advantage in coming face to face with the living teacher, that places the lecturer far above the competition of books; but teaching of this kind must be of a high description—the audience must be led to examine, to reflect; the lecturer must show that he is able to lead them in this path; he must, moreover, have something to communicate, and such lecturing will command an audience. It was such lecturing that drew the crowded audiences which attended the course delivered a few months ago, in this city, by Dr. Brown-Séquard, where the most senior and busy practitioners were seen vying with the student in the attention they bestowed.

"Let us not be misapprehended. We do not mean to decry lectures as useless, but we do assert, that for many purposes, lecturing is a bad system of teaching. For the acquisition of elementary facts, where the student has chiefly to exercise his memory, and to keep his attention fixed, we believe lectures to be about the worst system that could be devised; but when the facts have been acquired, and when it is wished to teach the student to weigh them, to reason on them, and to estimate their value, we believe there is no system so efficient as good lecturing, especially where the lecturer makes use of a text-book, and follows it in his remarks."

---

**DRAINAGE AND SEWERAGE.**—The attention of the readers of the JOURNAL is called to the following circular of Dr. Semmes, of New Orleans.

"At the meeting of the American Medical Association, held at Louisville, Ky., May, 1859, the undersigned was appointed chairman of the committee, on the *Influence of Sewerage and Drainage of large cities on Public Health*. Any facts, suggestions, documents, reports, or other matter having relation to this important subject, will be most thankfully received and duly acknowledged.

"As the residence of the undersigned will be permanently fixed at New Orleans, on and after the 1st of February, 1860, all communications for him must be, after that date, addressed to him at that city.

A. J. SEMMES, M.D.,  
Chairman of Committee."

**VRIËS'S LAST VICTIM.**—The cause of the arrest and imprisonment of Vriès, the "Docteur Noir," under the charge of homicide, is sufficient to condemn his motives. A Spanish lady had arrived in Paris expressly to place herself under his care. The disease was cancer. Vriès, of course, promised that he would effectually eradicate the disease in consideration of an immediate payment of 10,000 francs. The 10,000 francs were laid down, and the patient grew worse and worse. Suddenly, Vriès, whose visits had at first been most punctually made, ceased to attend. A few days after, the lady died. Amongst her papers was found a letter from the quack, evidently in answer to her complaints. He says that he knows perfectly well that she is dying, and asks what else she can expect for 10,000 francs. If she will send him 40,000 more, he will cure her still; if not, however sorry he may be, he must let her die. This letter having been placed in the hands of the police, his arrest followed. Seeing that he promised impossibilities, we do not perceive how he can be found guilty of homicide for not fulfilling them. There was abundant fraud, but hardly homicide.—*London Lancet*.

**PROFESSORS OF MEDICINE AT THE GERMAN UNIVERSITIES.**—It is customary in these universities to offer the principal medical chairs to such men as have rendered themselves celebrated either by their works or teaching; and at the same time to ensure their services by rendering the charge advantageous to their possessor. In this way was the well-known Virchow, formerly at Würzburg, appointed some time professor at Berlin; and so has, quite lately, M. Lebert been given the chair of clinical medicine at Breslau, hitherto occupied by Frerichs. M. Lebert, whose reputation is world-wide as a profound pathologist, has laid the foundation of his fame in Paris and Zurich.—*Ibid*.

**A SMALL BABY.**—A living child, weighing two pounds and nine ounces, the *New Orleans Hospital Gazette* says, was lately born at full term, at an infirmary in that city.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 28th, 1860.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	36	34	70
Average Mortality of the corresponding weeks of the ten years, 1850-1860, . . . . .	40	34	74
Average corrected to increased population, . . . . .	..	..	86
Deaths of persons above 90, . . . . .	..	..	..

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean hei. ht of Barometer, . . . . . 29.921	Lowest point of Thermometer, . . . . .	15
Mean Temperature, at sunrise, . . . . . 23.5	General direction of the Wind, . . . . .	Westerly.
Highest point of Thermometer, . . . . . 42	Whole amount of Rain in the week, . . . . .	..

**ERRATA.**—In the last number, page 524, line 9th from bottom, for "tartaric" read *tannic*.

**Communications Received.**—Aural Affections.—Treatment of Diarrhœa and Dysentery.—Thoughts on the subject of Fever.—Case of Pelvic Cellulitis.

**Books and Pamphlets Received.**—The Physician's Pocket Memorandum for 1860. By C. H. Cleaveland, M.D., Cincinnati, Ohio.—Therapeutics and Materia Medica. By Alfred Stillé, M.D. (From the Publishers.)—Braithwaite's Retrospect. (From Williams & Co.)—The Medical Profession and its Claims. An Introductory Lecture. By James Bryan, A.M., M.D. (From the Author.)—Criminal Abortion. By H. R. Storer, M.D. (From the Author.)—Coagulation of the Blood in the Venous System during Life. By George Murray Humphrey, M.D., F.R.S., Surgeon to Addenbrooke's Hospital, England. (From the Author.)

**MARRIED.**—In New York, 26th ult., Alexander E. Hosack, M.D., to Miss Emeline B. Scott.

**Deaths in Boston** for the week ending Saturday noon, January 28th. 70. Males, 36—Females, 34.—Asthma, 2—inflammation of the bowels, 2—bronchitis, 1—inflammation of the brain, 2—softening of the brain, 1—burns, 2—c consumption, 14—convulsions, 3—croup, 2—dropsy (ovarian), 1—dropsy in the head, 2—leblity, 1—puerperal disease, 1—erysipelas, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 2—inflammation of the lungs, 7—congestion of the lungs, 2—psoriasis, 1—pleurisy, 1—premature birth, 1—scrofula, 1—smallpox, 13—unknown, 1—varioid, 1—whooping cough, 2.  
Under 5 years, 27—between 5 and 20 years, 10—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 6. Born in the United States, 49—Ireland, 12—other places, 9.